Assessment

MED

Money Follows the Person will not change any processes that are already required for waiver or state plan services. Level of care determination, person-centered planning, and cost plan development will take place as usual. Think of MFP as an umbrella that offers additional demonstration services and transition supports.

MFP comes with specific requirements around three quality measures. These quality measures may or may not need to be added in the person-centered planning process. They include the following three areas:

- 1) Risk assessment and mitigation. MFP participants need to be assessed for risk prior to transition and planning needs to occur to ensure positive outcomes. Some programs already do this as part of the assessment process. If not, it will need to be added to the assessment and person-centered plan.
- 2) 24/7 backup. This backup is a person or system that can provide phone support to a participant 24 hours a day, 7 days a week to help problem solve or resolve issues that may come up. This cannot be the 911 system. A personal emergency response system (PERS) will meet this criteria. This can be determined on a case-by-case basis and must be included in the person-centered plan.
- 3) Critical incident reports or serious occurrence reports (or whatever name your program calls them) are required for MFP. Each waiver and 1915(i) reports these on a different system. Continue to follow your established protocols.

The above three quality measures include Federal reporting requirements from the MFP program. It will be expected that qualitative and quantitative data can be provided about each of the three areas. The Project Manager will contact you with specific questions prior to reports being due.

Long term goals with MFP include looking at ways to align reporting and IT systems across waiver programs. We encourage and welcome suggestions and feedback to help shape these changes.